



Created for: Reentry (Mental Health Task Force/Discharge Planning Manual)
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CMHC Services Information

REQUIRED TO SERVE: CMHCs are required by law to serve SPMI consumers (target population) or to arrange for medically-necessary services to be provided elsewhere.

- ❖ Because they are private businesses, though, CMHCs do have the discretion to deny services to non-SPMI consumers (sex offenders, violent offenders, etc.)
- ❖ Medicaid will pay for medically necessary services—most SPMI are eligible for Medicaid.
- ❖ CMHCs do not deny services to anyone based on inability to pay (truly unable, not just unwilling to pay). Each CMHC offers its own sliding-scale fee scale based on financial need for consumers who self-pay. Co-payments may be as low as \$10-15 for zero-income consumers.

WHAT ABOUT CO-OCCURRING SUBSTANCE ABUSE?

- ❖ SPMI consumers will likely fail in standard community substance abuse treatment that is not specifically designed for persons with mental disorders
- ❖ IDDT (Integrated Dual Diagnosis Treatment) is designed for SPMI individuals with severe substance abuse/dependence as well (see description under SPMI services in this section)
- ❖ Not all CMHCs have IDDT or co-occurring treatment options (please see note in directory for Evidence-Based Practices offered by each CMHC)
- ❖ If the CMHC has co-occurring treatment, IDDT/co-occurring consumers need to go to the CMHC—they will NOT need a KCPC (RADAC) assessment
- ❖ If an SPMI consumer is going to a CMHC that DOES NOT offer IDDT or co-occurring treatment...
- ❖ Most CMHCs offer IDDT for SPMI ONLY—non-SPMI still need to access community treatment (see substance abuse section for more information)

CMHCs PROVIDE THE FOLLOWING, BASED UPON NEED:

FOR ALL CONSUMERS:

INTAKE

- 1st meeting with CMHC—may be scheduled appointment, or some locations have walk-in times or phone intakes (check with the center)
- Most centers ask for cancellations 24-hours ahead—many have policies that after 2 or more “no-shows”, they will not reschedule within a time period (ex: 90 days)
- Fill out forms with mental health history and current symptoms, signs necessary releases, etc.
- Arrangements are made as necessary for med appointments, therapy, case management, and other services

MEDICAL/PSYCHIATRIC SERVICES

- Provide medication evaluation, medication and symptom management, medication education, and psychiatric consultation
- These appointments are always in large demand— assume that you may not be able to get an appointment for 3-6 weeks after you request it
- Having a list of the person's most current medication signed by the psychiatrist is vital if emergency medications are needed
- CMHCs administer the Community Medication Support Program (CMSP), a State fund to pay for most medications that treat major depression, schizophrenia, and bipolar disorder (See Section D)

OUTPATIENT PSYCHOTHERAPY SERVICES

- Targeted to non-SPMI adults with mental illness
- Goal-directed and solution-focused
- Length of service based on need/medication necessity—average 1-10 sessions
- Individual, group, family forms of therapy offered
- Groups may vary, including disorder-specific groups (ex: depression support group), treatment philosophy-driven groups (Dialectical Behavioral Therapy), Relationships, Recovery, etc.

FOR CRISIS/EMERGENCY CONSUMERS:

CRISIS SERVICES (CIS)

- 24/7 service usually accessed by calling a crisis line, through the ER or law enforcement, or via a crisis center in the larger CMHCs
- Based on need, services may include:
 - ◆ Brief crisis counseling over the telephone
 - ◆ 3-6 face-to-face counseling sessions
 - ◆ Group treatment
 - ◆ Screening for admission to the State Hospital or for Medicaid-paid placement
 - ◆ Psychiatrists and ARNPs are not on staff of 24/7 crisis services, so crisis generally cannot prescribe/provide medication

CRISIS SUPPORT CLINICIANS (CSC)

- 1:1 support for clients at risk of hospitalization
- Service in community at agreed-upon location (ex: library, McDonalds)
- Intensity based on consumer need—daily, 2-3 times weekly, etc.
- Treatment plan developed at initial contact with realistic and measurable goals
- Goals reviewed at every meeting—transition out of services when met
- CSC will also help with referral/access to physical health care, benefits, advocacy with landlords, referring to other community resources

CRISIS IN-HOME SUPPORT SERVICES (IHSS)

ALSO CALLED ATTENDANT CARE

- Short-term support for clients to remain in the community
 - ◆ Diversion from placement at State Hospital (usually very unstable SPMI)
 - ◆ Generally for consumers with little/no support in the community
- Crisis IHSS

- ◆ Crisis IHSS is for anyone at a very high risk of hospitalization
- ◆ Average 1-2 week support—support length and intensity determined by client need
- ◆ Mental Health Tech provides after 5pm weekdays and 24 hours weekends as needed

SERVICES FOR SPMI CONSUMERS:

(NEW KHS SCREENING FORM MAY ALLOW SOME NON-SPMI IN THESE SERVICES BASED ON MEDICAL NECESSITY)

COMMUNITY SUPPORTS AND SERVICES (CSS)

- The cluster of services provided to SPMI consumers (and others with medical necessity) based on their treatment plan
- These coordinated services may include case management, in-home support, medication monitoring, integrated dual-diagnosis treatment (IDDT), supported employment, supported education, and supported housing—these are described below
- These are NEVER a substitute for discharge planning—they are just a sample of the services that may be available after the person has been established with the local CMHC

CASE MANAGEMENT

- Provided to SPMI based on need as part of community supports and services
- Services may be provided in the community or the consumer's home
- Services include:
 - ◆ Assess treatment needs of the consumer
 - ◆ Arrange for necessary internal/external services
 - ◆ Conduct periodic reviews of consumer progress to ensure treatment plan remains relevant and active
 - ◆ Conduct outreach services to locate consumers whose participation is sporadic or to assist potential consumers in acquiring services
 - ◆ Provide support and assistance during times of crisis

- ◆ Serve as the principal point of contact for consumers
- ◆ Coordinate services from multiple providers
- ◆ Provide assertive consumer and system advocacy to address problems of service delivery

IN-HOME SUPPORT SERVICES (IHSS)

ALSO CALLED ATTENDANT CARE

- Support for clients to remain in the community
 - ◆ Diversion from placement at State Hospital (usually very unstable SPMI)
 - ◆ These are generally clients with few or no other supports in the community
- Long Term IHHS
 - ◆ Targeted toward SPMI clients at a very high risk of hospitalization without in-home services
 - ◆ Mental Health Techs focus on building independent living skills and assisting client with activities of daily living
 - ◆ Length and intensity of service is based on medical necessity
 - ◆ Frequency of service gradually tapered as transition to independence is achieved

COMMUNITY MEDICATION OUTREACH

- Adjunct of other Community Support Services (SPMI)
- Used for clients whose noncompliance with medication puts them at risk of hospitalization
- Client must NOT be currently under the influence of drugs/alcohol
- Mental Health Techs go to residence to teach clients about their medications and monitor their medication use (prescribed by CMHC)
- Medication may be stored with the client or securely by the CMHC depending on client safety concerns
- Service will taper off as client builds skills/safety concerning meds

EVIDENCE-BASED PRACTICES FOR SPMI:
(THESE VARY BY CMHC—SEE SPECIFIC CMHC PAGE FOR
INFO)

**** Many centers have treatment for substance abuse or co-occurring disorders. This may be IDDT or another form of treatment. Please check with the individual center for resources for offenders with both substance abuse and mental health disorders*****

INTEGRATED DUAL DIAGNOSIS TREATMENT (IDDT)

- Integrated Dual Diagnosis is an evidenced-based practice that has been found to be effective in the recovery process for clients with Dual Diagnosis (SPMI & Substance Abuse Diagnosis).
- In IDDT, the same clinicians or teams of clinicians, working in one setting, provide mental health and substance abuse interventions in a coordinated fashion.
- As an evidenced-based psychiatric rehabilitation practice, IDDT aims to help the client learn to manage both illnesses so that he/she can pursue meaningful life goals.
- The critical ingredients of IDDT include assertive outreach, motivational interventions, and a comprehensive long-term, staged and individualized approach to recovery.
- In order to receive IDDT services at a Community Mental Health Center an individual would need to meet the criteria for either SPMI (severe and persistent mental illness) or PRS (Psychiatric Rehabilitative services) and have an existing diagnosis for Substance Dependence or Abuse or meet the criteria for those diagnoses.
- Designed to overcome the dichotomy between the CMHC saying "we can't treat him unless he quits using drugs" and the Addictions Treatment saying "we can't treat him until his psychosis is controlled"—treat both simultaneously
- IDDT is not for SMI consumers—they should go into substance abuse treatment and mental health treatment separately but make sure the providers communicate
- Services include:

- ◆ Assessment
- ◆ Individual and Group Recovery Counseling
- ◆ Individual Family Recovery Counseling and Education
- ◆ Multi-family Education Groups and Recovery Process Groups
- ◆ Collaborative Treatment Planning
- ◆ Discharge Planning
- When making a referral to the CMHC if you suspect the person will meet the above criteria, go ahead and make a recommendation that they receive IDDT services.
- IDDT has been validated on the SPMI population
- IDDT has not been validated on the offender population (does not mean it is not appropriate—only means that the studies have not been done to verify its effect)
- THE FOLLOWING COMMUNITY MENTAL HEALTH CENTERS OFFER IDDT SERVICES TO QUALIFYING CONSUMERS:
 - ✓ Area (Dodge City/Garden City)
 - ✓ Bert Nash (Lawrence)
 - ✓ Elizabeth Layton (Paola)
 - ✓ Pawnee (Manhattan)
 - ✓ Guidance Center (Leavenworth)
 - ✓ Labette MHC (Parsons)
 - ✓ Wyandot Center (Kansas City)
 - ✓ Iroquois MHC (Greensburg)
 - ✓ Valeo (Topeka)
 - ✓ High Plains (Hays)
 - ✓ Four County (Coffeyville/Independence)

SUPPORTED EMPLOYMENT

- Help SPMI consumers to become actively and competitively employed
- Cooperative effort among case management, medical/psychiatric services, psychosocial programs, the therapy services
- Strong collaboration with Kansas Rehabilitation Services to provide appropriate level of support for clients
- Work Development Specialists and consumers together determine employment goals and the route to achieving them

- Work Development Specialists make sure the lines of communication between the employer and employee are open and that the employee is getting any necessary accommodations
- 3-phase (choose, get, keep) approach

SUPPORTED EDUCATION

- Designed to provide post-secondary educational options to SPMI consumers (college, technical schools, universities—not GED, HS)
- Services include:
 - ◆ Personalized education inventory including interest inventories, educational strengths, barriers, and individualized strategies for educational participation
 - ◆ Assistance in preparation to enter college, university, or technical school (note-taking, computer/internet, research skills, etc.)
 - ◆ Students choose from a variety of educational options, with specialists assisting them with applications, enrollment, course selection, obtaining reasonable accommodations, and financial aid/funding sources.
 - ◆ Support intensity varies based on the student's need
 - ◆ Education peer support group is provided at some locations

SUPPORTED HOUSING

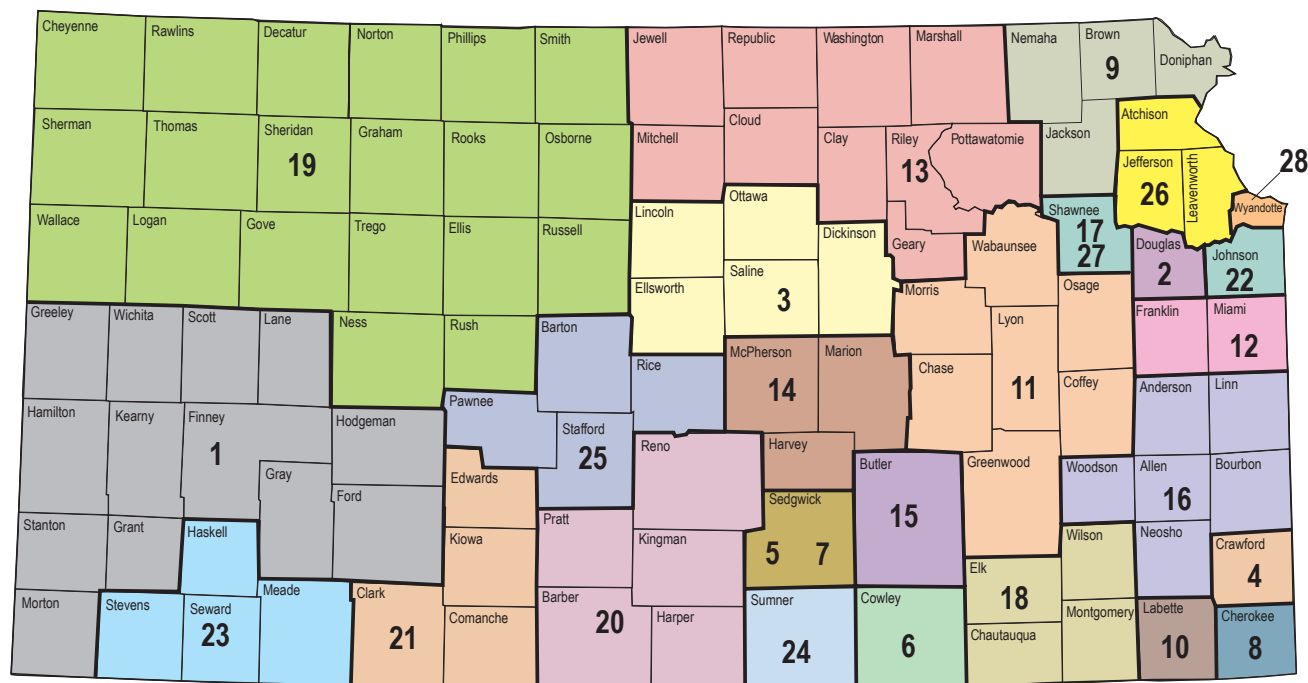
- No standard definition exists for “supported housing.” Each center does it differently
- The general idea is that CMHCs assist with housing arrangements (with group homes, landlords, housing grants, etc.) as part of their CSS
- Sources of housing support include:
 - ◆ CMHC-owned or supported housing used to create affordable housing options for consumers
 - ◆ Homeless Assistance Funds from Housing and Urban Development (HUD)
 - ◆ Tenant-Based Rental Assistance Program Grants
- All CMHCs have housing specialists to help consumers find/maintain housing

Community Mental Health Center Listings

Association of Community Mental Health Centers of Kansas, Inc.

Web site: www.srskansas.org/hcp/MHmain.htm

Community Mental Health Centers (CMHCs) are the local coordinating agencies for delivery of public community-based mental health services. CMHCs are administered under Health Care Policy (HCP) of SRS. HCP is a person-centered, value-based purchaser or provider of health care and support services for Kansans with disabilities or low-income. They assist Kansans with living healthy, successful and self-determined lives in their homes and communities.



1 Area Mental Health Center (620) 276-7689	16 Southeast Kansas MHC (620) 365-8641
2 Bert Nash CMHC, Inc. (785) 843-9192	17 Family Service & Guidance Center (785) 232-5005
3 Central Kansas MHC (785) 823-6322	18 Four County MHC (620) 331-1748
4 CMHC of Crawford County (620) 231-5130	19 High Plains MHC (785) 628-2871
5 COMCARE of Sedgwick County (316) 660-7540	20 Horizons MHC (620) 665-2240
6 Cowley MHC & Couns. Center (620) 442-4540	21 Iroquois Center for Human Dev (620) 723-2272
7 Family Consultation Service (316) 264-8317	22 Johnson County MHC
8 Family Life Center, Inc. (620) 848-2300	Mission (913) 831-2550
9 Kanza MH & Guidance Center (785) 742-7113	Olathe (913) 782-2100
10 Labette Center for Mental Health Services	Blue Valley (913) 715-7950
..... (620) 421-3770	23 Southwest Guidance Center (620) 624-8171
11 MHC of East Central Kansas (620) 343-2211	24 Sumner Mental Health Center (620) 326-7448
12 Elizabeth Layton Center	25 Center for Couns. & Cons (620) 792-2544
Miami County (913) 557-9096	26 The Guidance Center (913) 682-5118
Franklin County (785) 242-3780	27 Valeo Behavioral Health Care (785) 233-1730
13 Pawnee Mental Health Service (785) 587-4346	28 Wyandott Center for Community Behavioral
14 Prairie View, Inc. (316) 284-6400	Healthcare, Inc. (913) 233-3300
15 South-Central MH Counseling Center (316) 321-6036	

CMHC by Town

	PAGE
ABILENE	8
ALMA	22
ANDOVER	25
ANTHONY	17
ASHLAND	18
ATCHISON	15
ATWOOD	16
AUGUSTA	25
BALDWIN	6
BELLEVILLE	23
BELOIT	23
BONNER SPRINGS	30
BURLINGTON	22
CEDAR VALE	14
CHANUTE	26
CLAY CENTER	23
COFFEYVILLE	14
COLBY	16
COLDWATER	18
COLUMBUS	13
CONCORDIA	23
COTTONWOOD FALLS	22
COUNCIL GROVE	22
DIGHTON	5
DODGE CITY	5
EL DORADO	25
ELKHART	5
ELLSWORTH	8
ELWOOD	20
EMPORIA	22
EUDORA	6
EUREKA	22
FORT SCOTT	26
FREDONIA	14

GARDEN CITY	5
GARNETT.....	26
GOODLAND.....	16
GREAT BEND	7
GREENSBURG	18
HAYS.....	16
HERINGTON.....	8
HIAWATHA	20
HIGHLAND.....	20
HOLTON	20
HORTON.....	20
HOWARD	14
HOXIE	16
HUGOTON.....	27
HUMBOLDT.....	26
HUTCHINSON	17
INDEPENDENCE	14
IOLA	26
JOHNSON CITY.....	5
JUNCTION CITY	23
KANSAS CITY	19, 30
KICKAPOO INDIAN RESERVATION	20
KINGMAN.....	17
KINSLEY	18
LAKIN.....	5
LARNED.....	7
LAWRENCE.....	6
LEAVENWORTH	15
LEOTI	5
LIBERAL.....	27
LINCOLN	8
LYONS	7
MANHATTAN.....	23
MANKATO	23
MARION	24
MARYSVILLE	23

McPHERSON	24
MEADE	27
MEDICINE LODGE	17
MINNEAPOLIS	8
MINNEOLA	18
MISSION	19
NEODESHA	14
NEWTON	24
NORTON	16
OBERLIN	16
OLATHE	19
OSAGE CITY	22
OSAWATOMIE	12
OSBORNE	16
OSKALOOSA	15
OSWEGO	21
OTTAWA	12
OVERLAND PARK	19
PAOLA	12
PARSONS	21
PLEASANTON	26
PHILLIPSBURG	16
PITTSBURG	10
PRATT	17
QUINTER	16
RIVERTON	13
RUSSELL	16
SABETHA	20
SALINA	8
SCOTT CITY	5
SEDAN	14
SENECA	20
SHAWNEE	19
SMITH CENTER	16
ST JOHN	7
SUBLETTE	27

SYRACUSE.....	5
TOPEKA	29
TRIBUNE	5
TROY	20
ULYSSES	5
WASHINGTON.....	23
WELLINGTON.....	28
WICHITA	9
WINFIELD	11
YATES CENTER	26

1111 EAST SPRUCE STREET
GARDEN CITY, KS 67846-5999

PHONE#: (620) 276-7689

FAX#: (620) 276-6117

WEBSITE: www.areamhc.org

RELEASE ONLINE AT <http://www.areamhc.org/forms/release.pdf>

OTHER LOCATIONS:

GARDEN CITY

1111 EAST SPRUCE
GARDEN CITY, KS 67846-5999
(620) 276-7689 FAX (620) 276-6117

SCOTT CITY

210 W. 4TH
SCOTT CITY, KS 67871-1205
(620) 872-5338 FAX (620) 872-2879

DODGE CITY

2101 W. HIGHWAY 50 BYPASS
P.O. BOX 1376
DODGE CITY, KS 67801-1376
(620) 227-8566 FAX (620) 225-5824

ULYSSES

404 N. BAUGHMAN P.O. BOX 757
ULYSSES, KS 67880-0757
(620) 356-3198 FAX (620) 356-3101

SATELLITE OFFICES:

ELKHART
JOHNSON CITY
LAKIN
SYRACUSE
DIGHTON
LEOTI
TRIBUNE

COUNTIES SERVED:

FINNEY	FORD	GRANT	HAMILTON	GRAY	GREELEY
HODGEMAN	KEARNY	LANE	MORTON	SCOTT	STANTON
	WICHITA				

**COMMUNITY SUPPORT SERVICES
(SPMI/CM SERVICES):**

GARDEN CITY CSS:

531 CAMPUS VIEW ST., P.O. BOX 477
GARDEN CITY, KS 67846-0477
(620) 275-9434 FAX (620) 275-1448

DODGE CITY CSS:

3000 N 14TH PO BOX 370
DODGE CITY, KS 67801-0370
FAX (620) 227-7306
(620) 227-5040

HOSPITALS:

BEHAVIORAL HEALTH SERVICE
ST. CATHERINE HOSPITAL
401 E. SPRUCE
GARDEN CITY, KS 67846-5672
(620) 272-2500 FAX (620) 272-2508

LARNED STATE HOSPITAL
RR 3, BOX 89
LARNED, KS 67550-9365
(620) 285-2131 FAX: (620) 285-4357

200 MAINE STREET, SUITE A
LAWRENCE, KS 66044

PHONE#: (785) 843-9192	FAX#: (785) 843-0264
WEBSITE: www.bertnash.org	EMERGENCY#: (785) 843-9192

RELEASE ONLINE AT

<http://www.bertnash.org/Docs/Authorization%20for%20Release%20of%20PHI.pdf>

SATELLITE OFFICES:

314 EAST 8TH STREET
EUDORA, KS 66025
(785) 843-9192
(OUTREACH)

814 HIGH STREET
BALDWIN, KS 66006
(785) 843-9192
(OUTREACH)

STATE HOSPITAL:

OSAWATOMIE
P.O. BOX 500
OSAWATOMIE, KS 66064-9757
(913) 755-7000 FAX: (913) 755-2637

COUNTY SERVED:

DOUGLAS

Evidence-Based Practices:

- IDDT
- Supportive Employment

5815 BROADWAY
GREAT BEND, KS 67530

PHONE#: (620) 792-2544	FAX#: (620) 792-7052
1 (800) 875-2544	

SATELLITE OFFICES: (CALL MAIN OFFICE FOR HOURS & APPOINTMENTS)

LARNED
LYONS
ST. JOHN

Evidence-Based Practices:
• None as of Sept. 2007

COUNTIES SERVED:

BARTON
PAWNEE
RICE
STAFFORD

STATE HOSPITAL:

LARNED STATE HOSPITAL
RR 3, BOX 89
LARNED, KS 67550-9365
(620) 285-2131 FAX: (620) 285-4357

809 ELMHURST
SALINA, KS 67401

PHONE#: (785) 823-6322	FAX#: (785) 823-3109
EMAIL: ckmhc@ckmhc.org	EMERGENCY#: (785) 823-6324 and 1-866-823-6380

WEBSITE: www.ckmhc.org

RELEASE ONLINE AT: <http://www.ckmhc.org/Authorization.pdf>

INSTRUCTIONS ONLINE AT: <http://www.ckmhc.org/QuickReference.pdf>

SATELLITE OFFICES:

(ALL APPOINTMENTS SCHEDULED THROUGH (785) 823-6322 or (800) 794-8281

ABILENE

ELLSWORTH

HERINGTON

LINCOLN

MINNEAPOLIS

Evidence-Based Practices:

- None as of Sept. 2007

STATE HOSPITAL:

LARNED STATE HOSPITAL

RR 3, BOX 89

LARNED, KS 67550-9365

(620) 285-2131 FAX: (620) 285-4357

COUNTIES SERVED:

DICKINSON

ELLSWORTH

LINCOLN

OTTAWA

SALINE

635 NORTH MAIN
WICHITA, KS 67203

PHONE#: (316) 660-7600	FAX#: (316) 383-7925
EMERGENCY#: (316) 660-7500	TTY#: (316) 267-0267
WEBSITE: www.sedgwickcounty.org/comcare	CENTRALIZED INTAKE: (316) 660-7540

SATELLITE OFFICES:

COMCARE INTAKE & ASSESSMENT CENTER
(316) 660-7540

Evidence-Based Practices

- **Supported Employment**

ADDICTION TREATMENT SERVICES
(316) 660-7550

SEDGWICK COUNTY OFFENDER
ASSESSMENT PROGRAM
(316) 660-1900

CENTER CITY
HOMELESS PROJECT
(316) 660-7800

OUTPATIENT SERVICES
(316) 660-7675

COMMUNITY SUPPORT SERVICES
(SPMI Services)
(316) 660-7700

FAMILY AND CHILDREN
COMMUNITY SERVICES
(316) 660-9600

STATE HOSPITAL:

OSAWATOMIE
P.O. BOX 500
OSAWATOMIE, KS 66064-9757
(913) 755-7000 FAX: (913) 755-2637

CRISIS INTERVENTION SERVICES:

GENERAL NUMBER: (316) 660-7525
24 HOUR: (316) 660-7500

COUNTY SERVED:

SEDGWICK

911 E. CENTENNIAL
PITTSBURG, KS 66762

PHONE#: (620) 231-5130	FAX#: (620) 235-7148
------------------------	----------------------

EMERGENCY#: (620) 232-7283

STATE HOSPITAL:

OSAWATOMIE

P.O. BOX 500

OSAWATOMIE, KS 66064-9757

(913) 755-7000 FAX: (913) 755-2637

Evidence-Based Practices:

- None as of Sept. 2007

COUNTY SERVED:

CRAWFORD

22214 D STREET
WINFIELD, KS 67156

PHONE#: (620) 442-4540 or (620) 221-9664	FAX#: (620) 442-4559
EMAIL: ccmhcc@onemain.com	EMERGENCY#: (620) 442-4554 or (620) 221-9686
RELEASE ONLINE AT: http://www.acmhck.org/DocumentView.asp?DID=226	

STATE HOSPITAL:

OSAWATOMIE

P.O. BOX 500

OSAWATOMIE, KS 66064-9757

(913) 755-7000 FAX: (913) 755-2637

Evidence-Based Practices:

- None as of Sept. 2007

COUNTY SERVED:

COWLEY

204 EAST 15TH STREET
OTTAWA, KS 66067

PHONE#: (785) 242-3780	FAX#: (785) 242-6397
WEBSITE: www.laytoncenter.org	EMERGENCY#: (785) 242-3781 (Franklin) EMERGENCY#: (800) 241-1266 (Miami)

RELEASE ONLINE AT : <http://www.laytoncenter.org/assets/pdf/files/roi.pdf>

MIAMI COUNTY OFFICES:

CLINICAL SERVICES
505 HOSPITAL DRIVE
PAOLA, KS 66071
(913) 557-9096 FAX (913) 294-9247

COMMUNITY SUPPORT SERVICES
401 NORTH EAST STREET
PAOLA, KS 66071
(913) 557-9096 FAX (913) 294-4996

FAMILY BASED SERVICES
29875 WEST 339TH STREET
OSAWATOMIE, KS 66064
(913) 557-9096 FAX (913) 755-6754

STATE HOSPITAL:

OSAWATOMIE
P.O. BOX 500
OSAWATOMIE, KS 66064-9757
(913) 755-7000 FAX: (913) 755-2637

COUNTIES SERVED:

FRANKLIN MIAMI

Evidence-Based Practices:

- IDDT
- Supported Employment

FRANKLIN COUNTY OFFICES:

MAIN OFFICE (OUTPATIENT & CSS)
204 EAST 15TH STREET
OTTAWA, KS 66067
(785) 242-3780 FAX (785) 242-6397

CHILDREN'S SERVICES
2537 EISENHOWER ROAD
OTTAWA, KS 66067
(785) 242-2183 FAX (785) 242-1859

6610 S.E. QUAKERVALE RD.
P.O. BOX 550
RIVERTON, KS 66770

PHONE#: (620) 848-2300

FAX#: (620) 848-2301

EMERGENCY#: 1-866-634-2301

RELEASE ONLINE AT: <http://www.acmhck.org/DocumentView.asp?DID=269>

SATELLITE OFFICE:

COLUMBUS OUTPATIENT OFFICE
201 W. WALNUT
COLUMBUS, KS 66725
(620) 429-1860 FAX (620) 429-1041

Evidence-Based Practices:

- None as of Sept. 2007

STATE HOSPITAL:

OSAWATOMIE
P.O. BOX 500
OSAWATOMIE, KS 66064-9757
(913) 755-7000 FAX: (913) 755-2637

COUNTY SERVED:

CHEROKEE

3751 WEST MAIN
P.O. BOX 688
INDEPENDENCE, KS 67301

PHONE#: (620) 331-1748	FAX#: (620) 332-1940
TDD#: (620) 331-0134	EMERGENCY#: 1 (800) 499-1748

RELEASE ONLINE AT: <http://www.acmhck.org/DocumentCenterii.asp>

BRANCH OFFICE:

1601 W. 4TH
COFFEYVILLE, KS 67337
(620) 251-8180 FAX (620) 464-3199

Evidence-Based Practices:

- IDDT
- Supported Employment

SATELLITE OFFICES:

CEDAR VALE
(620) 758-2248

FREDONIA
(620) 378-4400

HOWARD
(620) 374-2370

NEODESHA
1990
(620) 325-2611

SEDAN
(620) 725-3115

COUNTIES SERVED:

CHAUTAUQUA
MONTGOMERY
ELK
WILSON

COMMUNITY SERVICES:

1101 DONALD AVENUE - PO BOX 688
INDEPENDENCE, KS 67301
(620) 331-3131 FAX (620) 332-5110

CRISIS DIVERSION SERVICES:

3751 WEST MAIN - PO BOX 688
INDEPENDENCE, KS 67301
(620) 331 -5151 FAX (620) 332-

STATE HOSPITAL:

OSAWATOMIE
P.O. BOX 500
OSAWATOMIE, KS 66064-9757
(913) 755-7000 FAX:(913) 755-2637

J.

DAVID KAAZ MEMORIAL CAMPUS
500 LIMIT STREET
LEAVENWORTH, KS 66048

PHONE#: (913) 682-5118

FAX#: (913) 682-4664

WEB: www.theguidance-ctr.org

RELEASE ONLINE AT: <http://www.acmhck.org/DocumentView.asp?DID=213>

SATELLITE OFFICES:

ATCHISON

1301 N. 2ND STREET

ATCHISON, KS 66002

(913) 367-1593 FAX (913) 367-1627

Evidence-Based Practices:

- IDDT
- Supported Employment

LEAVENWORTH

J. DAVID KAAZ MEMORIAL CAMPUS

500 LIMIT STREET

LEAVENWORTH, KS 66048

(913) 682-5118 FAX (913) 682-4664

STATE HOSPITAL:

OSAWATOMIE

P.O. BOX 500

OSAWATOMIE, KS 66064-9757

(913) 755-7000 FAX:(913)755-2637

OSKALOOSA

1102 WALNUT

P.O. BOX 127

OSKALOOSA, KS 66066

(785) 863-2929 FAX (785) 863-2972

COUNTIES SERVED:

ATCHISON

JEFFERSON

LEAVENWORTH

208 EAST 7TH STREET
HAYS, KS 67601-4199

PHONE#: (785) 628-2871	FAX#: (785) 628-1438
WEBSITE: www.highplainsmentalhealth.com	EMERGENCY#: (785) 628-2871 or (800) 432-0333

BRANCH OFFICES:

COLBY BRANCH OFFICE
750 S. RANGE
COLBY, KS 67701
(785) 462-6774 FAX (785) 462-3690

NORTON BRANCH OFFICE
211 S. NORTON
NORTON, KS 67654
(785) 877-5141 FAX (785) 877-5142

PHILLIPSBURG BRANCH OFFICE
783 7TH STREET
PHILLIPSBURG, KS 67661
(785) 543-5284 FAX (785) 543-5285

OTHER LOCATIONS:

WOODHAVEN
(CSS PROGRAM—SPMI)
1412 EAST 29TH
HAYS, KS 67601
(785) 625-2400

ONE-DAY-A-WEEK OFFICES:

ATWOOD
RAWLINS CO HEALTH CTR

ATWOOD, KS 67730
(785) 462-6774

SMITH CENTER
SMITH CO MEMORIAL HOSP

SMITH CENTER, KS 66967
(785) 346-2184

HOXIE
SHERIDAN CO HEALTH COMPLEX

HOXIE, KS 67740
(785) 462-6774

QUINTER
GOVE COUNTY MEDICAL CENTER

QUINTER, KS 67752
(785) 628-2871

OBERLIN
DECATUR CO HEALTH
DEPT
OBERLIN, KS 67749
(785) 877-5141

RUSSELL
RUSSELL CO HEALTH
DEPT
RUSSELL, KS 67665
(785) 628-2871

Evidence-Based Practices:

- IDDT

GOODLAND BRANCH OFFICE
723 MAIN
GOODLAND, KS 67735
(785) 899-5991 FAX (785) 899-2533

OSBORNE BRANCH OFFICE
209 W. HARRISON
OSBORNE, KS 67473
(785) 346-2184 FAX (785) 346-2487

STATE HOSPITAL

LARNED STATE HOSPITAL
RR 3, BOX 89
LARNED, KS 67550-9365
(620) 285-2131 FAX: (620) 285-4357

COUNTIES SERVED:

CHEYENNE
LOGAN
RAWLINS
SHERMAN

DECATUR
NESS
ROOKS
SMITH

ELLIS
NORTON
RUSH
THOMAS

GOVE
OSBORNE
RUSSELL
TREGO

GRAHAM
PHILLIPS
SHERIDAN
WALLACE

1715 EAST 23RD AVENUE
HUTCHINSON, KS 67502-1188

PHONE#: (620) 665-2240

FAX#: (620) 665-2276

CRISIS MANAGEMENT SERVICE (CALL 24 HOURS)

HUTCHINSON# (620) 665-2299

CALL TOLL FREE 1 (800) 794-0163 (CRISIS MANAGEMENT ONLY)

RELEASE ONLINE AT: <http://www.acmhck.org/DocumentCenterii.asp>

BRANCH OFFICES:

BARBER COUNTY AREA OFFICE

102 SOUTH MAIN

P.O. BOX 212

MEDICINE LODGE, KS 67104-0212

(620) 886-5057 FAX (620) 886-3473

KINGMAN COUNTY AREA OFFICE

760 WEST D, SUITE 1

P.O. BOX 227

KINGMAN, KS 67068-0227

(620) 532-3895 FAX (620) 532-3710

HARPER COUNTY AREA OFFICE

123 N. PENNSYLVANIA

ANTHONY, KS 67003-2935

(620) 842-3768 FAX (620) 842-5881

PRATT COUNTY AREA OFFICE

101 EAST 8TH

PRATT, KS 67124-2867

(620) 672-2332 FAX (620) 672-3162

Evidence-Based Practices:

- **Supported Employment**

STATE HOSPITAL:

LARNED STATE HOSPITAL

RR 3, BOX 89

LARNED, KS 67550-9365

(620) 285-2131 FAX: (620)

285-4357

COUNTIES SERVED:

BARBER

HARPER

KINGMAN

PRATT

RENO

610 E. GRANT ST.
GREENSBURG, KS 67054

PHONE#: (620) 723-2272

FAX#: (620) 723-3450

CRISIS#: (620) 723-2656, (888) 877-0375

SATELLITE OFFICES:

ASHLAND
COLDWATER
KINSLEY
MINNEOLA

Evidence-Based Practices:

- IDDT

STATE HOSPITAL:

LARNED STATE HOSPITAL
RR 3, BOX 89
LARNED, KS 67550-9365
(620) 285-2131 FAX: (620) 285-4357

COUNTIES SERVED:

CLARK
COMANCHE
EDWARDS
KIOWA

6000 LAMAR, SUITE 130
MISSION, KS 66202

PHONE#: (913) 831-2550	FAX#: (913) 826-1608
WEBSITE: www.jocogov.org/mentalhealth	EMERGENCY#: (913) 384-3535

RELEASE ONLINE AT:

http://www.jocogov.org/mentalhealth/Docs/AUTHORIZATION_TO_RELEASE_CONFIDENTIAL_INFORMATION.pdf

SATELLITE OFFICES:

OLATHE OFFICE
1125 WEST SPRUCE
OLATHE, KS 66061
(913) 782-2100 FAX (913) 782-1186

Evidence-Based Practices:

- None as of Sept. 2007

BLUE VALLEY OFFICE
15118 GLENWOOD
OVERLAND PARK, KS 66223
(913) 715-7950 FAX (913) 715-7960

COMMUNITY SUPPORT SERVICE- SPMI
6440 NIEMAN ROAD
SHAWNEE, KS 66203
(913) 962-9955 FAX (913) 962-7843

JOHNSON COUNTY ADULT
DETOXIFICATION UNIT
11120 W. 65TH STREET
SHAWNEE, KS 66203
(913) 826-4100 FAX (913) 826-4104

ADOLESCENT CTR. FOR TREATMENT
301 NORTH MONROE STREET
OLATHE, KS 66061
(913) 782-0283 FAX (913) 782-0609

STATE HOSPITAL:

OSAWATOMIE
P.O. BOX 500
OSAWATOMIE, KS 66064-9757
(913) 755-7000 FAX: (913) 755-2637

COUNTY SERVED:

JOHNSON

909 SOUTH SECOND STREET
P.O. BOX 319
HIAWATHA, KS 66434

PHONE#: (785) 742-7113

FAX#: (785) 742-3085

AFTER HOURS EMERGENCY#: (785) 742-3666

RELEASE ONLINE AT: <http://www.acmhck.org/DocumentView.asp?DID=188>

SATELLITE OFFICES:

HOLTON-- (785) 364-4536

HORTON

KICKAPOO INDIAN RESERVATION

SABETHA

SENECA

ELWOOD

HIGHLAND

Evidence-Based Practices:

- IDDT

FOR APPOINTMENTS IN SATELLITE OFFICES:

- 1) CALL HOLTON DIRECTLY,
- 2) ALL OTHER SATELLITES, CALL HIAWATHA NUMBER (785-742-7113).

STATE HOSPITAL:

OSAWATOMIE

P.O. BOX 500

OSAWATOMIE, KS 66064-9757

(913) 755-7000 FAX: (913) 755-2637

COUNTIES SERVED:

BROWN

DONIPHAN

JACKSON

NEMAHA

1730 BELMONT
P.O. BOX 258
PARSONS, KS 67357

PHONE#: (620) 421-3770

FAX#: (620) 421-0665

WHEN OFFICE IS CLOSED -
EMERGENCY#: (620) 421-4880 (24 HOURS)
LABETTE COUNTY MEDICAL CENTER

RELEASE ONLINE AT: <http://www.acmhck.org/DocumentView.asp?DID=189>

COMMUNITY SUPPORT PROGRAM (SPMI):

(620) 421-9402 OR (620) 421-9476

Evidence-Based Practices:

- IDDT
- Supported Employment

SATELLITE OFFICE:

OSWEGO

(620) 795-2733

STATE HOSPITAL:

OSAWATOMIE

P.O. BOX 500

OSAWATOMIE, KS 66064-9757

(913) 755-7000 FAX: (913) 755-2637

COUNTY SERVED:

LABETTE

1000 LINCOLN
EMPORIA, KS 66801

PHONE#: (620) 343-2211	FAX#: (620) 342-1021
WEBSITE: www.mhceck.org	EMERGENCY#: (620) 343-2626 AFTER HOURS CALL TOLL FREE (866) 330-3310

SATELLITE OFFICES:

ALMA
BURLINGTON
COTTONWOOD FALLS
COUNCIL GROVE
EUREKA
OSAGE CITY

Evidence-Based Practices:

- None as of Sept. 2007

STATE HOSPITAL:

OSAWATOMIE
P.O. BOX 500
OSAWATOMIE, KS 66064-9757
(913) 755-7000 FAX: (913) 755-2637

COUNTIES SERVED:

CHASE
COFFEY
GREENWOOD
LYON
MORRIS
OSAGE
WABAUNSEE

423 HOUSTON STREET
P.O. BOX 747
MANHATTAN, KS 66505-0747

PHONE#: (785) 587-4346

FAX#: (785) 587-4377

EMERGENCY#: 1 (800) 609-2002 (ALL OFFICES)

SATELLITE OFFICES:

BELLEVILLE OFFICE

1836 M STREET
BELLEVILLE, KS 66935
(785) 527-2549

Evidence-Based Practices:

- IDDT

CLAY CENTER OFFICE

503 GRANT AVE
CLAY CENTER, KS 67432
(785) 632-2108

BELOIT OFFICE

207-5 NORTH MILL
BELOIT, KS 67420
(785) 738-5363

JUNCTION CITY OFFICE

814 CAROLINE AVENUE
JUNCTION CITY, KS 66441
(785) 762-5250 FAX (785) 762-2144

CONCORDIA OFFICE

210 W 21ST STREET
CONCORDIA, KS 66901
(785) 243-8900 FAX (785) 243-8933

MARYSVILLE OFFICE

406 N. 3rd Street, Suite 3
MARYSVILLE, KS 66508
(785) 562-3907

MANKATO OFFICE

114 EAST MAIN
MANKATO, KS 66956
(785) 378-3898

WASHINGTON OFFICE

321 C STREET, SUITE 102
P.O. BOX 95
WASHINGTON, KS 66968
(785) 325-3252

COUNTIES SERVED:

CLAY	CLOUD
GEARY	JEWELL
MARSHALL	MITCHELL
POTTAWATOMIE	REPUBLIC
WASHINGTON	RILEY

STATE HOSPITAL:

OSAWATOMIE
P.O. BOX 500
OSAWATOMIE, KS 66064-9757
(913) 755-7000 FAX: (913) 755-2637

1901 EAST 1ST STREET
BOX 467
NEWTON, KS 67114

PHONE#: (316) 284-6310	FAX#: (316) 284-6491
WEBSITE: www.pvi.org	EMERGENCY#: (316) 284-6400

RELEASE ONLINE AT:

<http://www.pvi.org/forms/Authorization%20to%20Disclose%20Health%20Information.pdf>

SATELLITE OFFICES:

MARION

504 S. ROOSEVELT ST., 66861-1358
(620) 382-3701

Evidence-Based Practices:

- None as of Sept. 2007

MCPHERSON

1102 HOSPITAL DR., 67460-2318
(620) 245-5000

STATE HOSPITAL:

LARNED STATE HOSPITAL

RR 3, BOX 89

LARNED, KS 67550-9365

(620) 285-2131 FAX: (620) 285-4357

COUNTIES SERVED:

HARVEY

MARION

McPHERSON

2365 WEST CENTRAL
EL DORADO, KS 67042

PHONE#: (316) 321-6036

FAX#: (316) 321-6336

EMERGENCY#: 1-866-660-3300

RELEASE ONLINE AT: <http://www.acmhck.org/DocumentCenterii.asp>

SATELLITE OFFICES:

ANDOVER

(316) 733-5047

FAX: (316) 733-5060

Evidence-Based Practices:

- Supported Employment

AUGUSTA

(316) 775-5491

FAX: (316) 775-5442

STATE HOSPITAL:

OSAWATOMIE

P.O. BOX 500

OSAWATOMIE, KS 66064-9757

(913) 755-7000 FAX: (913) 755-2637

COUNTY SERVED:

BUTLER

304 NORTH JEFFERSON
P.O. BOX 807
IOLA, KS 66749

PHONE#: (620) 365-8641	FAX#: (620) 365-8642
AFTER HOURS EMERGENCY#: 1-888-588-6774	TOLL FREE #: 1-866-973-2241

RELEASE ONLINE AT: <http://www.acmhck.org/DocumentView.asp?DID=204>

SATELLITE OFFICES:

CHANUTE
(620) 431-7890

FORT SCOTT
(620) 223-5030

Evidence-Based Practices:

- None as of Sept. 2007

GARNETT
(785) 448-6806

IOLA
(620) 365-5717

PLEASANTON
(913) 352-8214

HUMBOLDT
(620) 473-2241

OUTREACH OFFICE:

YATES CENTER
(620) 431-7890

STATE HOSPITAL:

OSAWATOMIE
P.O. BOX 500
OSAWATOMIE, KS 66064-9757
(913) 755-7000 FAX: (913) 755-2637

COUNTIES SERVED:

ALLEN
ANDERSON
BOURBON
LINN
NEOSHO
WOODSON

P.O. BOX 2945
LIBERAL, KS 67905-2945

PHONE#: (620) 624-8171

FAX#: (620) 624-0114

SATELLITE OFFICES:

HUGOTON
(620) 544-8511

Evidence-Based Practices:

- None as of Sept. 2007

MEADE
(620) 873-2112

SUBLETTE
(620) 675-8556

STATE HOSPITAL:

LARNED STATE HOSPITAL
RR 3, BOX 89
LARNED, KS 67550-9365
(620) 285-2131
FAX: (620) 285-4357

COUNTIES SERVED:

HASKELL
MEADE
SEWARD
STEVENS

1601 W. 16TH STREET
P.O. BOX 607
WELLINGTON, KS 67152-0607

PHONE#: (620) 326-7448

FAX#: (620) 326-6662

EMERGENCY#: 1 (800) 369-8222

STATE HOSPITAL:

LARNED STATE HOSPITAL
RR 3, BOX 89
LARNED, KS 67550-9365
(620) 285-2131
FAX: (620) 285-4357

Evidence-Based Practices:

- **Supported Employment**

COUNTY SERVED:

SUMNER

ADMINISTRATION OFFICE
5401 WEST 7TH STREET
TOPEKA, KS 66606

PHONE#: (785) 273-2252

FAX#: (785) 273-2736

CRISIS#: (795) 234-3300

INTAKE APPOINTMENTS/CRISIS SERVICES

330 OAKLEY (SOUTH DOOR)

TOPEKA, KS 66606

(785) 234-3300

FAX: (785) 233-1450

Evidence-Based Practices:

- IDDT
- Supported Employment
- Supported Education

COMMUNITY SUPPORTS & SERVICES

(SPMI SERVICES)

2401 W. 6TH STREET

TOPEKA, KS 66606

(785) 357-0580

AFFILIATED AGENCIES:

VALEO RECOVERY CENTER (SUBSTANCE ABUSE)

330 OAKLEY (NORTHWEST DOOR)

TOPEKA, KS 66606

(785) 233-1730—OUTPATIENT

(785) 234-3448—RECOVERY CENTER

CRISIS HOSPITAL:

MENTAL HEALTH CRISIS

STORMONT-VAIL WEST

3707 SW 6TH

TOPEKA, KS 66606

(785) 234-3300

COUNTY SERVED:

SHAWNEE

STATE HOSPITAL:

OSAWATOMIE

P.O. BOX 500

OSAWATOMIE, KS 66064

(913) 755-7000

FAX: (913) 755-2637

757 ARMSTRONG
KANSAS CITY, KS 66101
MAILING ADDRESS: P.O. BOX 171578, KANSAS CITY, KS 66117

PHONE#: (913) 233-3300	FAX#: (913) 233-3350
WEBSITE: www.wyandotcenter.org	EMERGENCY#: (913) 788-4200

SATELLITE OFFICES:

BONNER SPRINGS
420 N. PARK
BONNER SPRINGS, KS 66012
(913) 441-1400 FAX (913) 441-1463

Evidence-Based Practices:

- IDDT
- Supported Employment

47th STREET
1301 N. 47TH
KANSAS CITY, KS 66102
(913) 287-0007 FAX (913) 287-0354

STATE HOSPITAL:

OSAWATOMIE
P.O. BOX 500
OSAWATOMIE, KS 66064-9757
(913) 755-7000 FAX: (913) 755-2637

WASHINGTON WEST
7840 WASHINGTON AVE.
KANSAS CITY, KS 66112
(913) 328-4600 FAX (913) 328-4604

COUNTY SERVED:

WYANDOTTE

List of Community Mental Health Centers & Contact Information

***Alphabetical by City					
CMHC	Phone	Primary Address	City	Other Locations	Serves
South Central MH & Counsel	316-321-6036	2365 West Central	El Dorado	Andover, Augusta	Butler
CMHC of East Central KS	620-343-2211	1000 Lincoln	Emporia	several satellites	see map
Area Mental Health Center	620-276-7689	1111 E. Spruce St.	Garden City	Dodge City, Ulysses, Scott City	see map
Ctr. Counseling & Consult	620-792-2544	5815 Broadway	Great Bend	Larned, Lyons, St John	see map
Iroquois Ctr Human Devel.	620-723-2272	610 E Grant St	Greensburg	Ashland, Coldwater, Kinsley, Minneola	see map
High Plains CMHC	785-628-2871	208 E. 7th St.	Hays	Colby, Norton, Phillipsburg, Goodland	NW KS
Kanza MH & Guidance Ctr	785-742-7113	909 S. 2nd St	Hiawatha	Holton + Satellites	see map
Horizons CMHC	620-665-2240	1715 E. 23rd Ave.	Hutchinson	Barber, Kingman, Harper, Pratt Co.	see map
Four County CMHC	620-331-0134	3751 W. Main	Independence	Coffeyville+ Satellites	see map
Southeast Kansas CMHC	620-365-6774	304 N. Jefferson	Iola	several satellites	see map
Wyandot Center	913-233-3300	757 Armstrong	Kansas City	Bonner Springs	Wyandotte
Bert Nash CMHC	785-843-9192	200 Maine St.	Lawrence	Eudora, Baldwin	Douglas Co
The Guidance Center	913-682-5118	500 Limit St.	Leavenworth	Atchison, Oskaloosa	see map
Southwest Guidance Center	620-624-8171	PO Box 2945	Liberal	Hugoton, Meade, Sublette	see map
Pawnee MH Services	785-587-4346	423 Houston St.	Manhattan	many satellites	see map
Johnson County CMHC	913-831-2550	6000 Lamar, Ste. 130	Mission	Olathe, Overland Park, Shawnee	Johnson
Prairie View	316-284-6310	1901 E. 1st St.	Newton	McPherson, Marion	see map
Elizabeth Layton Center	785-242-3780	204 E. 15th St.	Ottawa	Paola, Osawatomie	Miami & Franklin
Labette Ctr. For MH Services	620-421-3770	1730 Belmont	Parsons	Oswego	Labette
CMHC of Crawford Co	620-231-5130	911 E. Centennial	Pittsburg		Crawford
Family Life Center	620-848-2300	6610 SE Quakervale Rd	Riverton	Columbus	Cherokee
Central Kansas CMHC	785-823-6322	809 Elmhurst	Salina	Ellsworth, Abilene, etc.	see map
Valeo Behavioral Health	785-273-2252	5401 W 7th St.	Topeka		Shawnee
Sumner CMHC	620-326-7448	1601 W 16th St	Wellington		Sumner
COMCARE	316-660-7600	635 N Main	Wichita	throughout Wichita	Sedgwick
Cowley Co. MH & Counsel	620-442-4540	22214 D St.	Winfield		Cowley

Community Mental Health Resources

STATE MENTAL HEALTH HOSPITALS

LARNED STATE HOSPITAL

MARK SCHUTTER, SUPERINTENDENT
RR 3, BOX 89
LARNED, KS 67550-9365
(620) 285-2131
FAX: (620) 285-4357

OSAWATOMIE STATE HOSPITAL

GREG VALENTINE, SUPERINTENDENT
P.O. BOX 500
OSAWATOMIE, KS 66064-9757
(913) 755-7000
FAX: (913) 755-2637

RAINBOW MENTAL HEALTH FACILITY

GREG VALENTINE, SUPERINTENDENT
2205 W. 36TH AVENUE
KANSAS CITY, KS 66103-2198
(913) 789-5800
FAX: (913) 384-1948

Visit the Mental Health website at

<http://www.srskansas.org/hcp/MHSIP/Index.html>

SELF-HELP NETWORK CENTER FOR COMMUNITY SUPPORT AND RESEARCH

GREG MEISSEN, PH.D. AND MARY WARREN, CO-DIRECTORS

WICHITA STATE UNIVERSITY
DEPARTMENT OF PSYCHOLOGY
1845 FAIRMOUNT, BOX 34
WICHITA, KS 67260-0034
(316) 978-3843
FAX (316) 978-3593
OUTSIDE WICHITA (800) 445-0116
WEBSITE: www.selfhelpnetwork.wichita.edu

KANSAS STATEWIDE HOMELESS COALITION

LISA DAVIS, DIRECTOR

LOCATED AT TOPEKA RESCUE MISSION
501 SOUTH EAST JEFFERSON
TOPEKA, KS 66607
785-760-1503
EMAIL: kshomel@kshomeless.com
WEBSITE: www.kshomeless.org

MENTAL HEALTH ASSOCIATIONS

MENTAL HEALTH ASSOCIATION OF THE HEARTLAND **SUSAN CRAIN LEWIS, PRESIDENT/CEO**

739 MINNESOTA AVENUE
KANSAS CITY, KS 66101
(913) 281-2221 FAX (913) 281-3977
WEBSITE: www.mhah.org

MENTAL HEALTH ASSOCIATION OF SOUTH CENTRAL KANSAS **ROSE MARY MOHR, PRESIDENT**

555 N. WOODLAWN, SUITE 3105
WICHITA, KS 67208
(316) 685-1821 FAX (316) 685-0768
EMAIL: rosemary@mhasck.org
WEBSITE: www.mhasck.org

MENTAL HEALTH ASSOCIATION IN RENO COUNTY **CANDACE ANDERSON DIXON, EXECUTIVE DIRECTOR**

400 W 2ND STREET, SUITE A - P.O. BOX 2021
HUTCHINSON, KS 67504-2021
(620) 663-7772 FAX (620) 662-7711

KANSAS MENTAL HEALTH ADVOCACY GROUPS

DISABILITY RIGHTS CENTER OF KANSAS (DRC)

ROCKY NICHOLS, EXECUTIVE DIRECTOR

635 S.W. HARRISON STREET, SUITE 100

TOPEKA, KS 66603-3726

(785) 273-9661 FAX (785) 273-9414

(877) 776-1541 TOLL FREE

WEBSITE: www.drckansas.org

KANSAS ASSOCIATION OF CENTERS FOR INDEPENDENT LIVING

JENNIFER SCHWARTZ, PRESIDENT & CEO

214 SW 6TH

TOPEKA, KS 66603

(785) 215-8048 FAX (785) 215-8050

WEBSITE: www.kacil.org

KS CONSUMER ADVISORY COUNCIL FOR ADULT MENTAL HEALTH, INC.

GARY J. PARKER, PROGRAM DIRECTOR

PO BOX 485

COLBY, KS 67701

316-978-5842

800-445-0116 (SELF HELP NETWORK, ASK FOR THE CAC)

NAMI KANSAS

NATIONAL ALLIANCE ON MENTAL ILLNESS

RICHARD CAGAN, EXECUTIVE DIRECTOR

112 SW 6TH, SUITE 505 - P.O. BOX 675

TOPEKA, KS 66601-0675

(785) 233-0755 FAX (785) 233-4804 1 (800) 539-2660

WEBSITE: www.namikansas.org

KANSAS MENTAL HEALTH ADVOCACY GROUPS

FAMILIES TOGETHER INC.

CONNIE ZIENKEWICZ, EXECUTIVE DIRECTOR

WICHITA PARENT CENTER

3303 W. 2ND, SUITE 106

WICHITA, KS 67203

(316) 945-7747 FAX (316) 945-7795 1 (888) 815-6364 (KS parents)

EMAIL: wichita@famielstogetherinc.org

TOPEKA PARENT CENTER

502 JACKSON, SUITE 400

TOPEKA, KS 66603

(785) 233-4777 FAX (785) 233-4787 1 (800) 264-6343 (KS parents)

EMAIL: topeka@famielstogetherinc.org

GARDEN CITY PARENT CENTER

111 GRANT AVE.

GARDEN CITY, KS 67846

(620) 276-6364 FAX (620) 276-3488 1 (888) 820-6364 (KS parents)

EMAIL: gardencity@famielstogetherinc.org

KANSAS CITY PARENT CENTER

1333 MEADOWLARK LANE, SUITE 103

KANSAS CITY, KS

(913) 287-1970 FAX (913) 287-1973 1-877-499-5369 (KS parents)

EMAIL: kansascity@famielstogetherinc.org

STATEWIDE SPANISH PARENT LINE

1 (800) 499-9433 (ESPAÑOL)

WEBSITE

www.famielstogetherinc.org

CONSUMER RUN ORGANIZATIONS

BRIDGES TO FREEDOM, INC.

STEVEN RAUB
P.O. BOX 85
OSAWATOMIE, KS 66064
(913) 256-4889
btfcro@earthlink.net

LIVING, INC., LINC

SARA JANE CULMSEE
6127 ROGER DRIVE
SHAWNEE, KS 66203
(913) 631-6046 FAX (913) 268-6679
livinginlinc@comcast.net

BRIGHT HORIZONS, INC.

GEORGE MARTIN
P.O. BOX 1741
GREAT BEND, KS 67530
(620) 792-6024
bhigb@cpcis.net

MORNING STAR, INC.

RICHARD STITT
1018 POYNTZ
MANHATTAN, KS 66502
(785) 587-4644
cromorningstar@sbcglobal.net

CARING PLACE, INC.

NELLIE GEAN TAYLOR
414 NORTH MAIL, P.O. BOX 334
NEWTON, KS 67114
(316) 283-5290 FAX (316) 284-2935
crippen507nash@hotmail.com

RECOVERY AND HOPE NETWORK (RAHN), INC.

NANCY ODLE
2001 HASKELL #205
LAWRENCE, KS 66044
(785) 979-3712 FAX (785) 841-1094
nodle@nami.org

CLEAR SKIES, INC.

MELINDA ADAMS
22212 219TH STREET
LEAVENWORTH, KS 66048
clear_skies@sbcglobal.net

NUTS & BOLTS, INC.

DELANO HONAKER
405 W 2ND
LIBERAL, KS 67901
(620) 626-7700
nutsbolts@swko.net

<p>CRO'S NEST, INC. BECKY MORGAN 119 EAST MAIN INDEPENDENCE, KS 67301 (620) 331-3233 ourcro@cablone.net</p>	<p>PROJECT INDEPENDENCE OF SEDGWICK COUNTY, INC. RENE STRUNK 310 S IDA, P.O. BOX 48369 WICHITA, KS 67201 (316) 262-6898 FAX (316) 262-2504 projectindependence@sbcglobal.net</p>
<p>HIGH PLAINS INDEPENDENCE, INC LORIN TROWBRIDGE P.O. BOX 956 HAYS, KS 67601 (785) 650-2456 mailto:hpii@ruraltel.netratman167669@yahoo.com</p>	<p>PS CLUB, INC. BILL D. FLEMMING 317 NORTH F WELLINGTON, KS 67152 (620) 326-2599 psclub@sbcglobal.net</p>
<p>SERENITY, INC. SHELLY McNUTT 411 W ILLINOIS GREENSBURG, KS 60754 (620) 723-3285 shellymcnutt2001@yahoo.com</p>	<p>THE OPEN DOOR, INC. MARSHA A. HICKS 1224 S 3RD STREET ARKANSAS CITY, KS 67005 (620) 741-0570 FAX (620) 442-8786 xiayhd4561@sbcglobal.net</p>
<p>SHEPHERD HOUSE, INC. CARMILL JAYNES P.O. BOX 201, 411 MARKET OSAGE CITY, KS 66523 shepherd_house@yahoo.com</p>	<p>TRIKA, INC. MARY VILMER 3113 N MICHIGAN PITTSBURG, KS 66762 (620) 235-7198 FAX (620) 235-7199 trikainc2005@yahoo.com</p>
<p>S.I.D.E. INC. CHERIE BLEDSOE, DIRECTOR 630 B MINNESOTA AVE, P.O. BOX 171856 KANSAS CITY, KS 66117 (913) 621-4202 FAX (913) 287-0354 bledsoe_c@wmhi.org</p>	<p>WINGS UPON THE PRAIRIE, INC. DANA SCHMID P.O. BOX 385 COLBY, KS 67701 (785) 465-7477 wings@st-tel.net</p>
<p>SUNSHINE CONNECTION, INC. JUDY THOMPSON 2915 SW 8TH AVE. TOPEKA, KS 66606 (785) 232-0315</p>	

Forms/ Resources

X COUNTY HEALTH CENTER REFERRAL

REFERRAL FOR OFFENDERS RELEASING TO X COUNTY NEEDING CMHC SERVICES POST-RELEASE

PLEASE COMPLETE THIS FORM FOR ANY OFFENDER RELEASING TO X COUNTY THAT MAY BE ELIGIBLE FOR MENTAL HEALTH TREATMENT. THIS FORM IS FOR ALL MH LEVELS 1-6. PLEASE FORWARD WHEN COMPLETE TO X COUNTY COMMUNITY MENTAL HEALTH CENTER, in person or by fax, 913-555-5555

Section I [DEMOGRAPHICS]:

Offender Name and KDOC #: _____ Facility: _____
DOB: _____ SSN: _____ Veteran: ____ Y ____ N
MH Treatment required by parole: ____ Y ____ N
Parole Officer: _____ Officer Phone #: _____
Release Date: _____
GA application submitted: ____ Y ____ N Medical card upon release: ____ Y ____ N
Medical Card #: _____
SSI/SSDI previously or currently applied for: ____ Y ____ N

List any/all Special Conditions:

Where is the offender releasing?

Name: _____
Address: _____
Phone #: _____

SECTION II [HISTORY]:

List past MH treatment, where, when, and what type:

List MH meds that have been taken in the past:

Has the offender ever been hospitalized for mental illness? ____ Y ____ N
If yes, when and where: _____
Why? [ex: self harm, unmanageable psychosis...] _____

Has the offender been placed on Crisis Level at any time during incarceration? ____ Y ____ N
If yes, when?: _____
Why? [please be specific]: _____

List all charges offender is currently incarcerated for:

List past substance abuse treatment, where, when, and what type [inpatient/outpatient]:

Did the offender work prior to being incarcerated?: ____ Y ____ N What type of work? _____

Has the offender worked while incarcerated?: ____ Y ____ N What type? _____

If the offender has not worked while incarcerated did his/her not working have to do with mental illness? ____ Y ____ N Explain: _____

What is the longest held employment by offender? [#of years, months, etc]: _____

SECTION III [DIAGNOSIS AND FUNCTIONING]:

Last time diagnosis was assessed? _____

Axis I:

Axis II:

Most current GAF [Global Assessment Functioning Score/Axis V]: _____

Current medications [please include name and dosage]: _____

Based on crisis placements, ability to cooperate with staff, disciplinary action, or similar factors, what level of functioning best describes this offender currently?

Please check:

____ Low ability to function

____ Medium ability to function

____ High ability to function

WHY?:

Why is this offender being referred for MH treatment (list all that apply- major mental disorder, family issues, anger issues, medication management, ordered by parole board or officer & why)?

Do you have any specific information on how to best work with this offender after he/she is released?

What type of services is the offender interested in, or feels he/she will be most able to engage with? If unknown, what are your recommendations?

If there is detainer information, please discuss the circumstances and efforts to resolve it here:

Referred by:

Name

Title/Position

Phone number and email

Date

CHECKLIST

- _____ Complete referral form
- _____ Med List included (most recent list- signed by psychiatrist)
- _____ RDU Report
- _____ Last EMR notes [3-5]
- _____ KDOC Release of Information to X County Mental Health Center
- _____ Made contact with CMHC staff [913-555-5555]—for non-SPMI
- _____ Made contact with Jane Doe [913-660-7559]—for likely SPMI
- _____ Faxed packet [913-555-5556]

**your center can have the same contact person for SPMI and non-SPMI if that works for you

CENTRAL KANSAS MENTAL HEALTH CENTER REFERRAL

REFERRAL FOR OFFENDERS RELEASING TO SALINE, LINCOLN, OTTAWA, DICKINSON, ELLSWORTH COUNTIES NEEDING CKMH SERVICES

PLEASE COMPLETE THIS FORM FOR ANY OFFENDER RELEASING TO SALINE, LINCOLN, OTTAWA, DICKINSON, OR ELLSWORTH COUNTIES THAT MAY BE ELIGIBLE FOR MENTAL HEALTH TREATMENT. THIS FORM IS FOR ALL MH LEVELS 1-6. -PLEASE FORWARD WHEN COMPLETE TO CENTRAL KANSAS MENTAL HEALTH CENTER, FAX: 785-823-3109 OR MAIL TO 809 ELMHURST, SALINA, KS 67401. PLEASE MARK AS "PRISON REFERRAL"

Section I [DEMOGRAPHICS]:

Offender Name and KDOC #: John Smith Facility: Ellsworth
DOB: 01/28/74 SSN: 512-76-1444 Veteran: Y XN
MH Treatment required by parole: X Y N
Parole Officer: James Robinson Officer Phone #: 913-972-1574x318
Release Date: 9/02/07
GA application submitted: X Y N Medical card upon release: Y X N
Medical Card #: N/A
SSI/SSDI previously or currently applied for: X Y N

List any/all Special Conditions:

Have mental health screening and follow all recommendations
Have a Substance Abuse Assessment and follow recommended treatment

Where is the offender releasing?

Name: Blue Tower Apartments
Address: 1233 Foster St., Salina, KS
Phone #: 785-827-1783

SECTION II [HISTORY]:

List past MH treatment:

When: 3/01-8/01, 12/01-9/02, 7/04-1/05
Where: Wyandot CMHC, COMCARE, Bert Nash CMHC
What type(s) (i.e. med only, therapy, case mgmt, groups) case management, group therapy, medication management

List MH meds that have been taken in the past (and end dose/reason stopped taking, if known)

Risperdal (2 mg, didn't help symptoms)
Lithium (1800mg, horrible nausea and tremors)
Zoloft (unknown dose/discontinue reason unknown)

Has the offender ever been hospitalized for mental illness? X Y N

If yes, when and where: Larned State Hospital, 11/01 & 8/02
Why? [ex: self harm, unmanageable psychosis...] suicide attempt, harm to self

Has the offender been placed on Crisis Level at any time during incarceration? X Y N

If yes, when?: 2/05
Why? [please be specific]: threatening suicide

List all charges offender is currently incarcerated for:

Robbery, Theft (\$100 or more), Burglary

List past substance abuse treatment, where, when, and what type [inpatient/outpatient]:

None reported

Did the offender work prior to being incarcerated?: X Y ____ N What type of work? bussing tables at several restaurants

Has the offender worked while incarcerated?: X Y ____ N What type? kitchen

If the offender has not worked while incarcerated did his/her not working have to do with mental illness? ____ Y ____ N Explain: N/A

What is the longest held employment by offender? [#of years, months, etc]: 7 months

SECTION III [DIAGNOSIS AND FUNCTIONING]: (Obtain info from recent psych notes)

Last time diagnosis was assessed? 6/06/07

Axis I: *Bipolar Disorder*

Axis II: *Antisocial Personality Disorder*

Most current GAF [Global Assessment Functioning Score/Axis V]: 66

Current medications [please include name and dosage]:

Depakote 1500mg/day

Abilify 15mg/day

Based on crisis placements, ability to cooperate with staff, disciplinary action, or similar factors, what level of functioning best describes this offender currently?

Please check:

 Low ability to function

X Medium ability to function

 High ability to function

WHY (include behavior, work performance, sleep/eating/hygiene disturbances, etc.):

Offender reports consistently losing jobs due to bipolar episodes (doesn't show up for work or disrupts work during manic episodes), difficulty concentrating (cannot remember and follow schedule without help, drifts off in middle of tasks)

Why is this offender being referred for MH treatment (list all that apply- major mental disorder, family issues, anger issues, medication management, ordered by parole board or officer & why)?

Referred for treatment of Bipolar Disorder. He needs case management services due to his inability to organize life tasks and his past history of relapse in the community. He also needs medication management. Parole board has ordered a screening for mental health needs.

Do you have any specific information on how to best work with this offender after he/she is released?

He is very paranoid about new people, so it takes awhile to work with him. He dislikes taking his medication and says he'll stop taking it once he is released.

What type of services is the offender interested in, or feels he/she will be most able to engage with? If unknown, what are your recommendations?

He says he isn't interested in anything. See my recommendations above for treatment needed.

If there is detainer information, please discuss the circumstances and efforts to resolve it here:

No indication of detainees pending.

Referred by: Pam Walls
Name
Discharge Planner
Title/Position
785-472-5501, wallspa@kdoc.dc.state.ks.us
Phone number and email
6/23/07
Date

CHECKLIST

- ☐ Complete referral form
- ☐ **Med List included (most recent list- signed by psychiatrist)**
- ☐ RDU Report
- ☐ Last EMR notes [3-5]
- ☐ **KDOC/CCS Releases to Central Kansas Mental Health (including a release between parole and CKMH)—need releases both so we can talk to CKMH but also so they can contact us (CKMH release in DP manual and online at <http://www.ckmhc.org/Authorization.pdf>)**
- ☐ A copy of any special conditions
- ☐ Called for intake appointment (785-823-6322)
- ☐ Faxed packet (785-823-3109)

*For SPMI offenders please obtain a SPMI justification letter describing why the offender met the SPMI criteria. Please have a QMHP/MHP write, sign and date this letter and include it with the packet

***If you do not have some historical information and you obtain it from the offender, please note that you obtained the information directly from the offender to the side.

SPMI Determinations

Anyone assigned to complete discharge planning with a person determined to meet the criteria for being Severely and Persistently Mentally Ill, should:

- clarify with the Mental Health Coordinator, if the determination has been completed in EMR (see next page for SPMI determination guidelines).
- Make documentation in an Administrative note. That entry will provide text explaining how that inmate meets criteria (at this time, there is no EMR template to coordinate with SRS's SPMI determination form).
- SPMI determination needs to be completed prior to scheduling CMHC appointments (inmates meeting SPMI criteria have more extensive access to CMHC services-- see services for SPMI in pg. x of Mental Health section).
- If the inmate does not meet criteria, that does not exclude them from community care (see services in pg. x of Mental Health section).
- REMEMBER—CMHCs are the ONLY ones who can make the determination of SPMI.
 - The determination you do is only to provide guidance for how you refer them to the CMHC.
 - The CMHC's decision may conflict with yours (their decision is the final answer).
 - You can help support the case for SPMI by providing complete documentation of the offender's behavior that makes you deem him/her SPMI (make sure you complete the referral thoroughly!).

For Your Use Only—Do not send to CMHC

METHOD TO DEFINE ADULT OFFENDERS W/ SPMI

- CMHCs are the **ONLY** ones who can determine if a person is SPMI-- This is only a *GUIDE* to determine who might qualify & plan accordingly. The CMHC may reach a different decision than you do
- **DO NOT** send this form to CMHC—make sure you add all of this information/justification to the CMHC referral

What is the offender's primary diagnosis?

In which section below is this diagnosis listed? A B C None

- **If listed in Section C or None (diagnosis not listed), not eligible for SPMI—Stop Here.**
- **If diagnosis in Section A or B, go to Step 2 (pg. 3)**

SECTION A DIAGNOSES

Schizophrenia

- Schizophrenia, Disorganized Type
- Schizophrenia, Catatonic Type
- Schizophrenia, Paranoid Type
- Schizophrenia, Residual Type
- Schizophrenia, Undifferentiated Type

Schizoaffective Disorder

Major Depressive Disorder, Recurrent, Severe, with Psychotic Features

Bipolar I Disorders that are Severe, and/or with Psychotic Features

Psychotic Disorder NOS

SECTION B DIAGNOSES

All Other Bipolar I Disorders, not listed in Category 1

Bipolar II Disorder

Major Depressive Disorder

- Single Episode, Severe, Without Psychotic Features
- Major Depressive Disorder, Single Episode, With Psychotic Features
- Major Depressive Disorder, Recurrent, Moderate
- Major Depressive Disorder, Recurrent, Severe, Without Psychotic Features
- Major Depressive Disorder, Recurrent, In Partial Remission
- Major Depressive Disorder, Recurrent, In Full Remission

Delusional Disorder

Panic Disorder With Agoraphobia

Obsessive-Compulsive Disorder

Borderline Personality Disorder

SECTION C DIAGNOSES

The following diagnoses (as a principal diagnosis) are excluded from those defining an individual as having SPMI or being most at risk of SPMI.

Anti-Social Personality Disorder

Behavior Disorders

Developmental Disorders

Neurological/General Medical Disorders

Substance Abuse Disorders

Psychotic Disorder [Substance-induced only]

DSM-IV-R AV@ Codes

STEP TWO

How does the person's Section A or B diagnosis impact his functioning?

Has the offender:

1. Required inpatient hospitalization for psychiatric care and treatment more intensive than outpatient care at least once in her/his lifetime

YES NO

When/Where? _____

2. Experienced at least one episode of disability requiring continuous, structured supportive residential care, lasting for at least two months (e.g. a nursing facility, group home, half-way house, residential mental health treatment in a state correctional facility—inc. TRU, TCF- MH

Pod, LCMHF, and LSSP); **YES NO**

When/Where? _____

3. Experienced at least one episode of disability requiring continuous, structured supportive care, lasting at least two months, where the family, significant other or friend of the consumer provided this level of care in lieu of the consumer entering formalized institutional services. (In this case, the intake assessment must fully document the consumer's level of severe disability and lack of functioning that required the family or other person to provide this level of care).

YES NO

When/Where? _____

If all 3 above are NO, stop here. Offender is not likely SPMI.

If any of the above 3 are yes, continue.

Which of the following 5 has the offender experienced on either a continuous or intermittent basis over the last two years:

4. Has been unemployed, employed in a sheltered setting, or has markedly limited skills and a poor work history (inc work history in prison— answer yes if he cannot work or keep a job, if he can only work with continual supervision or with extremely simple tasks [tidying his area], or if he has a job from time to time but loses it when his mental illness symptoms worsen) **YES NO**

Explain: _____

5. Requires public financial assistance for their out-of-institutional maintenance and is unable to procure such financial assistance without help (answer yes if the person can't work and you are helping him/her apply for GA/SSI because (s)he would be incapable to doing the application in the community); **YES NO**

Explain: _____

6. Shows severe inability to establish or maintain a personal support system, evidenced by extreme withdrawal and social isolation; (this is not just not having friends but is a person who isolates himself whenever possible; he does not have/does not seek personal support) **YES NO**

Explain: _____

7. Requires help in instrumental activities of daily living such as shopping, meal preparation, laundry, basic housekeeping, and money management; (or basic prison routines/activities) **YES NO**

Explain: _____

8. Requires help in attending to basic health care regarding hygiene, grooming, nutrition, medical and dental care, and taking medications.

(Note: this refers to the lack of a basic skill to accomplish the task, not to the appropriateness of dress, meal choices, or personal hygiene);

YES NO

Explain: _____

9. Exhibits inappropriate social behavior not easily tolerated in the community, which results in demand for intervention by the mental health or judicial systems (e.g. screaming, self-abusive acts, inappropriate sexual behavior, verbal harassment of others, physical violence toward others)

YES NO

Explain: _____

- **If 3 or more of the above 6 are NO, stop here—offender is not likely SPMI.**
 - **If at least 3 or more of the above are YES, offender is likely SPMI.**
 - **Please document all of the above on the CMHC referral form (pg. x). The CMHC cannot make the same determination without all of the information**
 - **DO NOT send this form to the CMHC**
 - **Please contact the CMHC to make special arrangements (if necessary for referral/intake purposes).**
 - **Offenders with diagnoses in section B will have more evaluation at the CMHC before they are eligible for SPMI (see step 3 below)**
-

STEP THREE: For individuals with a primary diagnosis in Category B, eligibility for CSS always depends upon a more detailed determination of risk and functional impairment (through face-to-face assessment).

- **Only those with a Category B diagnosis who also meet these additional criteria in Step Three are guaranteed eligibility for Community Support Services (CSS) through a CMHC.**

- Individuals with a primary diagnosis in Category A do not need to meet the additional criteria in Step Three unless they failed to demonstrate impaired functioning as evidenced by the criteria outlined in Step Two.
- Remember, this is based on the CMHC's decision- not on yours—your documentation is the only way they will know about the severity of the offender's mental illness

Civil Commitment

If an inmate is deemed by facility mental health staff, (to include staff psychiatrist and mental health coordinator), to be a danger to self and/or others, a decision could be made to initiate the process for Civil Commitment.

DP's Role:

- Ensure that the MHC and staff are aware of the pending release.
- Ensure that if the inmate is not committed that a plan is ready for implementation.

Civil Commitment Process:

- 1) initiated by the Mental Health Coordinator.
- 2) MHC determined through inmate observation, input from the staff psychiatrist and mental health professionals, that this inmate is currently at risk for one of the following:
 - Harm to self
 - Harm to others
 - Lack of self care—secondary to mental illness
- 3) MHC completes a Petitioner's Worksheet for Involuntary Commitments-- that statement would include:
- 4) inmate demographic information
- 5) a detailed description of the inmate's current behavior/symptoms
- 6) a list of witnesses
- 7) That worksheet would be faxed to the local county attorney's office and that office would be notified by a phone call that this was the intention of the facility Mental Health staff.
- 8) The County Attorney would contact the local Mental Health Center and that center would proceed with a Gatekeeping Screen.
- 9) A screener would be sent to the KDOC facility to review the inmate's file and conduct an interview with that inmate (a security clearance would need to be arranged by the MHC)

- 10) The screener would complete the interview/review process and notify the County Attorney if the client had been recommended for hospitalization at the designated State Hospital.
- 11) If the screener recommended hospitalization, the County Attorney would notify all witnesses, in writing, that a Hearing for Involuntary Commitment would occur.
- 12) If the screener did not recommend hospitalization, the inmate would be released to his/her community parole plan.
- 13) The hearing process would occur at the local county courthouse.
- 14) The judge would hear the petitioner's and the defendants views.
- 15) The judge would then determine, based on the testimony, if the client should or should not be committed for Care and Treatment.
- 16) If a Care and Treatment order is issued, the inmate would be taken from the courtroom to the state hospital in his/her cachement area—Larned State Hospital or Osawatomie State Hospital.
- 17) If the judge determines that hospitalization is not warranted, the inmate would be released to his/her community parole plan.

Community Support Medication Program

!!!Provides no-cost Anti-Psychotics & Anti-Depressants for low-income CMHC consumers, NOT JUST SPMI (see Medication Section for list of covered medications)!!!

Funds are very limited—it can generally only be used once per person. Use this as a last resort—apply for indigent drug programs (see Medication Section for applications). The offender must request this service from the CMHC once he/she has their intake/med appointment.

To qualify, a person must meet the following criteria:

- 1) Individuals must meet criteria for serious mental illness (SMI) or serious emotional disturbance (SED) and clinically require an atypical anti-psychotic and/or anti-depressant medication
- 2) Individuals would be at risk for inpatient psychiatric services, institutionalization, homelessness (or out of home placement for children), and/or intervention by law enforcement in the absence of the clinically required prescribed medication.
- 3) Individuals must meet the financial criteria evidenced by:
 - a. eligible for Medicaid but currently on a spenddown; or
 - b. at or below 200% of current criteria for poverty level guidelines, lack private medical insurance covering these medications and have been denied for acceptance into an indigent drug program**; or
 - c. ineligible for Medicaid for reasons other than income, lack private medical insurance covering these medications and have been denied for acceptance into an indigent program; or
 - d. Special circumstances requiring approval through the SRS Community Support Medication Program manager.

**The CMHC should help the offender apply for indigent drug programs, but applying for these prior to release may make this process quicker. In an emergency, CMHCs may be able to expedite the process.

See Medication Section of this manual for a list of covered medications. They include most or all anti-psychotics and anti-depressants as well as Depakote, Lamictal, and Prolixin. These are medications primarily used to treat major depression, bipolar disorder, and schizophrenia.

Global Assessment of Functioning (GAF) Scale

- The GAF is a 100-point tool rating overall psychological, social and occupational functioning of people over 18 years of age and older. It excludes physical and environmental impairment.
- The GAF is included in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR) in the section on multi-axial assessments.

91-100	Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many qualities. No symptoms.
90-81	Absent or minimal symptoms, good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns.
80-71	If symptoms are present they are transient and expectable reactions to psychosocial stresses; no more than slight impairment in social, occupational, or school functioning
70-61	Some mild symptoms OR some difficulty in social, occupational, or school functioning, but generally functioning pretty well, has some meaningful interpersonal relationships.
60-51	Moderate symptoms OR any moderate difficulty in social, occupational, or school functioning.
50-41	Serious symptoms OR any serious impairment in social, occupational, or school functioning. (50 and below is generally the standard for SPMI)
40-31	Some impairment in reality testing or communication OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood.
30-21	Behavior is considered influenced by delusions or hallucinations OR serious impairment in communications or judgment OR inability to function in all areas.
20-11	Some danger or hurting self or others OR occasionally fails to maintain minimal personal hygiene OR gross impairment in communication.
10-1	Persistent danger of severely hurting self or others OR persistent inability to maintain minimum personal hygiene OR serious suicidal act with clear expectation of death.

Mental Health Acronyms/Definitions

AIMS- Automated Information Management System- the system SRS uses to track data about mental health center consumers (primary CMHC, diagnosis, etc.)

AAPS- Addiction and Prevention Services- Substance Abuse authority for the State of Kansas

CAC- Consumer Advisory Council- A group of CMHC consumers who are elected as the voice of consumers to State policymakers.

CAP- Consumers as Providers- Certain trained consumers can act as group facilitators, community support, etc. One example of this is the Peer to Peer program that has started under Kansas Health Solutions (KHS).

CBS- Community Based Services- Case managers and other service providers go to the consumer to provide services in their community rather than at the CMHC

CDDO- Community Developmental Disability Organization- Primary source of support and referrals for persons with developmental disabilities

CISD- Critical Incident Stress Debriefing- 7-phase, structured group discussion, usually provided 1 to 10 days after a crisis. It aims to reduce severe symptoms, assess the need for follow-up, and if possible provide a sense of post-crisis psychological closure

CIT- Crisis Intervention Team- Teams of law enforcement officers (LEOs) trained to respond to situations with severely mentally-ill persons in the community in a way that does not escalate the crisis or cause danger to the officer, the consumer, or others. Some CIT teams participate in jail diversion.

CMS- Centers for Medicare and Medicaid Services- US Government agency that dictates and enforces policy for Medicare and Medicaid.

CRO- Consumer Run Organizations- support networks in the community created by and for consumers of mental health services

CSAT- Centers for Substance Abuse Treatment- promotes the quality and availability of community-based substance abuse treatment services for individuals and families. Substance abuse-focused part of the US Government Organization SAMHSA (Substance Abuse and Mental Health Services Administration)

CSMP- Community Support Medication Program- State-run program that provides anti-psychotic, anti-depressant, and some anti-convulsant (Lamictal &

Depakote for bipolar disorder) medications to low-income CMHC consumers.
See CSMP section in this manual chapter

CSS- Community Support Services- Community-based CMHC services for SPMI or at-risk consumers. See full description in CMHC Services section of this manual chapter

FCSC- Family Centered Systems of Care- State of Kansas treatment philosophy that involves the family extensively (whenever possible) in treatment of kids

FY- Fiscal Year- The State of Kansas year for official and financial purposes begins July 1 and ends June 30.

GAF- Global Assessment of Functioning- A scale ranging from 1-100 that rates a person's level of functioning (in DSM-IV and this chapter). This score has an impact on SPMI status (SPMI generally thought to be functioning under 50)

GMHSPC- Governor's Mental Health Services Planning Council- Committee commissioned by the Governor to examine and improve the State's MH system

HCP- Health Care Policy- Division within SRS that includes Mental Health (MH) and Addictions and Prevention Services (AAPS- Substance Abuse)

KHPA- Kansas Health Policy Authority- State agency created in 2006 to administer and make policy for health care (Medicaid, Medicaid, employee health care, etc.)

LOF- Level of Functioning

LSH- Larned State Hospital- one of the three State Mental Health Hospitals. Serves the Western part (almost 2/3) of Kansas. See CMHC map in this chapter

MATTC- Med-America Addiction Technology Transfer Center- Provides technical assistance (training, etc.) for Kansas in substance abuse and mental health services

MHFS- Mental Health Field Staff- State mental health employees located throughout the State, responsible for Performance Improvement and Quality Assurance for mental health facilities

NAMI- National Alliance on Mental Illness- National non-profit organization with chapters at the state and local levels providing peer support, education, and advocacy on behalf of mental health consumers and their family members.

NFMH- Nursing Facilities for Mental Health- 11 facilities in Kansas that care for persons with mental illness who need a nursing home level of care but do not require hospitalization. Requires a State screening before placement

OSH- Osawatomie State Hospital- State hospital serving Eastern Kansas (inc. Sedgwick Co.) See CMHC map in this chapter for catchment area

PI- Performance Improvement- Responsibility of some Mental Health Field Staff to handle feedback regarding CMHC and make interventions when necessary

QA- Quality Assurance- Responsibility of some Mental Health Field Staff to ensure that quality service is being provided to the right consumer at the right time

RMHF- Rainbow Mental Health Facility- formerly the State hospital for juveniles, now taking adult consumers in Eastern Kansas

SAMHSA- Substance Abuse and Mental Health Services Administration- US Government agency that oversees Substance Abuse/Mental Health Policy—releases guidance and standards, administers grants, etc.

SMHH- State Mental Health Hospital- 3 State hospitals in Kansas

SPMI- Severe and Persistent Mental Illness- The "target population" of consumers that the State serves first, eligible for many extra services. See CMHC Services section in this chapter for more detail of services and attachment of SPMI standards in this section.

SRS- Social and Rehabilitation Services- Handles benefits, child and adult protection, child support, mental health, substance abuse, disability supports, vocational rehabilitation, prevention efforts, etc. SRS offices also take applications for Medicaid programs, but SRS no longer makes policy for State Medicaid (Kansas Health Policy Authority- KHPA administers health care benefits and programs).

SSI/SSDI- Supplemental Security Information/Social Security Disability Insurance- Federal Social Security payments for individuals with disabilities—see benefits chapter for a full explanation

TA- Technical Assistance- usually competitive grants, outside experts come in to provide training and support in a specific area, project, or program

VR- Vocational Rehabilitation- Program in SRS that provides job readiness and training (including education or skills training if necessary), job placement and support for individuals with a disability that impairs their ability to work. They do not need to meet the social security definition of disability (see benefits section for full explanation)